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APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\*

HD None

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

ITALY MI 2003 U 000187 04/16/2003

HD

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Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY ITALY	SHEETS DRAWING 5	TOTAL CLAIMS 10	INDEPENDENT CLAIMS 1
Verified and Acknowledged	Examiner's Signature <u>HD</u> Initials				

ADDRESS

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TITLE

Hinge for eyeglass arms

FILING FEE  RECEIVED 450	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____
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